

## **Health and Care Standards Inspection (Unannounced)**

**Cardiff and Vale University  
Health Board: St David's  
Hospital, Elizabeth Ward**

26 August 2015

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## **Introduction**

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of all health care in Wales.

HIW's primary focus is on:

- Making a contribution to improving the safety and quality of healthcare services in Wales
- Improving citizens' experience of healthcare in Wales whether as a patient, service user, carer, relative or employee
- Strengthening the voice of patients and the public in the way health services are reviewed
- Ensuring that timely, useful, accessible and relevant information about the safety and quality of healthcare in Wales is made available to all.

Healthcare Inspectorate Wales (HIW) completed a responsive unannounced inspection on the 26 August 2015 at Elizabeth Ward located within St David's Hospital which forms part of services provided by Cardiff and Vale University Health Board. The inspection was arranged at short notice in response to intelligence received by and considered within HIW's risk assessment and escalation mechanisms. In such circumstances, HIW may arrange an inspection in order to establish whether there is a specific risk in relation to the delivery of safe effective care.

## Methodology

We have a variety of approaches and methodologies available to us when we inspect NHS hospitals and use that which is the most appropriate according to the range and spread of services that we plan to inspect. In-depth single ward inspections allow a highly detailed view to be taken on a small aspect of healthcare provision, whilst the increased coverage provided by visiting a larger number of wards and departments enables us to undertake a more robust assessment of themes and issues in relation to the health board concerned. Feedback is also made available to health services in a way which supports learning, development and improvement at both operational and strategic levels.

The new Health and Care Standards are at the core of HIW's approach to hospital inspections in NHS Wales. They are key to the judgements that we make about the quality, safety and effectiveness of services provided to patients. We also consider the healthcare outcomes experienced by patients in terms of the healthcare and treatment they have received

NHS hospital inspections are unannounced and we inspect and report against three themes:

- **Quality of the Patient Experience:**  
We speak with patients (adults and children), their relatives, representatives and/or advocates to ensure that the patients' perspective is at the centre of our approach to inspection.
- **Delivery of a Safe and Effective Service:**  
We consider the extent to which services provide high quality, safe and reliable care centred on individual patients.
- **Quality of Management and Leadership:**  
We consider how services are managed and lead and whether the workplace and organisational culture supports the provision of safe and effective care. We also consider how health boards review and monitor their own performance against the Health and Care Standards.

This one day unannounced inspection was led by one HIW Inspection Manager with the support of the HIW clinical director.

We reviewed documentation and information from a number of sources including:

- Information held by HIW
- Conversations with patients, relatives and interviews with staff
- General observation of the environment of care and care practice
- Discussions with senior management within the directorate
- Examination of a sample of patient medical records
- Scrutiny of policies and procedures which underpin patient care
- Consideration of quality improvement processes, activities and programmes

HIW inspections capture a 'snapshot' of the standards of care patients receive. They may also point to wider issues associated with the quality, safety and effectiveness of healthcare provided and the way which service delivery upholds essential care and dignity.

## Context

Cardiff and Vale University Health Board is one of the largest National Health Service (NHS) organisations in the UK. It provides day to day health services to a population of around 472,400 people living in Cardiff and the Vale of Glamorgan who need emergency and scheduled hospital treatment and mental health care. It also delivers care in people's own homes and community clinics.

The delivery of NHS primary care services in Cardiff and the Vale of Glamorgan, including general practitioners, community pharmacists, dentists, and optometrists are also the responsibility of the Board. Additionally, it serves a wider population across South and Mid Wales for specialties such as paediatric intensive care, specialist children's services, renal services, cardiac services, neurology, bone marrow transplantation and medical genetics.

Cardiff and Vale University Health Board includes nine hospitals and seventeen health centres.

St David's Hospital is located on Cowbridge Road East, Canton and currently includes a range of services:

- in-patient Gerontology services
- in-patient and day hospital Mental Health Services for Older People (MHSOP)
- a Children's Centre
- Children and Adolescent Mental Health Unit
- General and Specialist Out-patient Services
- Primary Dental Care Unit
- the West Cardiff Community Mental Health Team (CMHT)
- the Community Resource Team for the North and West Cardiff Locality

A number of additional community services also have a base on site, including Speech and Language and Community Dietetic Services.

Elizabeth Ward had 24 beds which were divided to provide a combination of four bedded patient bays and single rooms. The ward accepted male and female patients and was designated to provide rehabilitation services although we found that the vast majority of patients were elderly and frail and presented

with a variety of complex long term needs. At the time of this inspection there were 24 patients receiving care in the ward.



## Summary

**This responsive inspection took place as a result of concerns brought to our attention in relation to:**

- The overuse of night sedation
- Poor continence care (patients being required to use pads when they were not incontinent)
- Delay in a patient receiving physiotherapy/reablement services
- Negative staff attitude.

HIW focussed its inspection on Health and Care Standards that specifically related to the above matters, as well as those which corresponded with issues that emerged during the course of this one day inspection.

Overall, we were able to confirm that the service provided within Elizabeth Ward placed an emphasis on patients' health, wellbeing and dignity. We did however identify the need for improvements with regard to patient continence assessments and care plans and the arrangements in place to support patients with regard to personal care and hygiene. We also found that there was no mechanism in place to actively seek people's views concerning the quality and effectiveness of services provided.

Generally, we found that Elizabeth Ward provided a service which delivered care that was broadly consistent with most of the Health and Care Standards. For example, examination of patient information and conversations with patients and their relatives demonstrated that people using the service were supported to take responsibility for their own health and well-being within the realms of their abilities.

We did however identify the need for improvement with regard to the need for the safe identification of patients, elements of infection prevention and control, aspects of medicines management and record keeping.

**HIW issued the health board with an immediate assurance letter as a result of this inspection. This was to ensure that there was a suitable system in place for the identification and safety of all patients across the organisation at all times and that the health board ensures that all staff who administer drugs do so within the correct procedure which supports safety of both patients and staff.**

We found that the staff team was well organised within the ward except for at some key points during the day. Specifically, it was evident that there were delays in the ability of the staff team to meet the needs of patients between 8am and 10am and during the lunchtime period. The organisation of care was based around some structured routines and focused on providing all patients with assistance where required and supporting their rehabilitation as their health and well being allowed.

Discussions with staff (medical, nursing, physiotherapy and occupational therapy) indicated that staff were clear and knowledgeable about their particular roles and responsibilities and enjoyed working as part of a well established team.

## Findings

### Quality of the Patient Experience

**Overall, we were able to confirm that the service provided within Elizabeth Ward was safe and effective with an emphasis on patients' health, wellbeing and dignity.**

**We did however identify the need for improvements with regard to patient continence assessments and care plans and the arrangements in place to support patients with regard to personal care and hygiene. We also found that there was no mechanism in place to actively seek people's views concerning the quality and effectiveness of services provided.**

### Dignified Care

People's experience of health care is one where everyone is treated with dignity, respect, compassion and kindness and which recognises and addresses individual physical, psychological, social cultural, language and spiritual needs. (Standard 4.1)

Overall, we found that people were provided with care and support in a kind, dignified, respectful and compassionate manner. This was because we observed staff respecting peoples' dignity when supporting them with personal care and during their conversations with patients and their relatives. We also spoke with patients and their relatives during the course of our inspection and received very positive comments about the way in which staff engaged with them.

Conversations with members of the staff team and visiting professionals further revealed the presence of a caring workforce that placed an emphasis on getting to know their patients.

We reviewed a sample of eight patient records and found that the recording of individualised care planning could have been better. Discussions with staff demonstrated that they considered patients' level of continence from the point of admission. We were also provided with two specific examples whereby patients' level of continence had been greatly improved with the support of staff. However, we found that patient records failed to contain any form of recorded continence assessments or associated care plans. We therefore found no evidence of how decisions had been made to determine what type of continence aid was required by patients, or whether any were required at all. Given that the ward has a key role to play in patients' rehabilitation and support

in preparation for discharge from hospital, this matter needs to be addressed. Record keeping is also discussed in the section of this report entitled the Delivery of Safe and Effective Care.

***Improvement needed***

***The health board is required to demonstrate how improvements are to be made in respect of the assessment and management of patients' continence.***

We held conversations with patients to determine how they were supported to be as independent as possible in taking care of their personal hygiene. We also spoke with staff about this aspect of care provision and considered the shower and bathing facilities available to patients. As a result, we found that a small number of patients were able to use the shower independently. However, the ward otherwise held named patient lists in bathing areas to prompt them to offer patients a weekly bath or shower. Whilst that arrangement may be in-keeping with some patients' wishes and preferences, the use of such lists is indicative of a task orientated culture as opposed to one where the provision of person centred care is promoted. The suggested 'limit' of a weekly bath or shower may also undermine patients' dignity.

***Improvement needed***

***The health board is required to describe the action taken to ensure that people are supported to maintain their personal hygiene in accordance with their identified needs, wishes and preferences.***

We further identified the following matters which were brought to the attention of the ward manager and two other senior nurse managers:

- Patients told us that their food was cold when served to them on occasions, the most recent being the day before our inspection visit
- One relative told us that a member of the family had needed to raise a concern with staff on one occasion as they had taken their relatives tea and afternoon snack away from the bedside without enquiring as to why they had not been consumed.
- A small number of patients told us that they had to wait for periods between five and 10 minutes for staff to respond to their requests for assistance (usually for use of the toilet ). We also observed a delay in the staff response to patient buzzers on three separate occasions during the morning of our inspection and also needed to locate members of staff (who were otherwise providing care to other

patients) on two other occasions in response to patient's requests for help.

Staffing issues within Elizabeth Ward are explored more fully within the section of this report entitled 'Quality of Leadership and Management'.

### **Listening and learning from feedback**

People who receive care, and their families, must be empowered to describe their experiences to those who provided their care so there is a clear understanding of what is working well and what is not. Health services should be shaped by and meet the needs of the people served and demonstrate that they act on and learn from feedback (Standard 6.3).

Conversations with the ward manager and senior nurse revealed there was currently no formal pro-active mechanism in place to seek views of patients and/or their relatives/representatives as required by the above standard.

#### ***Improvement needed***

***The health board is required to demonstrate the action to be taken to ensure that patients and their families are empowered to describe their experiences with a view to making improvements to the service provided.***

## *Delivery of Safe and Effective Care*

**Overall, we found that Elizabeth Ward provided a service which delivered safe and reliable care that was broadly consistent with the Health and Care Standards. For example, examination of patient information and conversations with patients and their relatives demonstrated that people using the service were supported to take responsibility for their own health and well-being (within the realms of their abilities).**

**We did however identify the need for improvement with regard to the safe identification of patients, elements of infection prevention and control, aspects of medicines management and record keeping and the need for clarity regarding timely access to Senior Medical cover out of hours**

### **Safe care**

People's health, safety and welfare are actively promoted and protected. Risks are identified, monitored and where possible, reduced or prevented. (Standard 2.1)

We examined 'safety' information which was displayed on a board for the benefit of patients and the public. Information included pressure/tissue damage and patient falls associated with the ward. Having examined a number of patients' records, we found that the falls information was inaccurate as it did not highlight a fall which had been sustained by a patient in receipt of care.

### ***Improvement needed***

***The health board is required to describe the action taken to ensure that staff have access to up to date and relevant information to identify, manage and mitigate risks to patients.***

Effective infection prevention and control needs to be everybody's business and must be part of everyday healthcare practice and based on the best available evidence so that people are protected from preventable healthcare associated infections (Standard 2.4).

At the time of our inspection the ward area was visibly clean and tidy. We found that there were adequate hand washing facilities in all areas visited and hospital cleaners were allocated to specific clinical facilities which meant that there was a consistent approach to the standards of cleanliness and hygiene required in their areas of work. In addition, staff were seen to be wearing gloves and aprons at appropriate times during service delivery.

We found that infection control audits and monitoring were undertaken on a regular basis. We were provided with a copy of the most recent audit undertaken (July 2015) and were informed that the ward manager was in the process of creating an action plan to address the need for improvement to the cleanliness of commodes and hand washing practice. This meant that the department had a system in place to identify areas of concern and make continuous improvements as far as possible.

We did, however, identify the following issues:

- We found tablets of soap in one of the bathroom areas, the use of which contravenes infection prevention and control guidance
- We observed a registered nurse placing tablets into the mouth of a patient. The nurse had not washed her hands prior to doing this. The matter was therefore brought to the attention of the ward manager at the time of our observation

### ***Improvement needed***

***The health board is required to describe the action to be taken to address the infection, prevention and control findings identified during this inspection.***

People receive medication for the correct reason, the right medication at the right dose and at the right time (Standard 2.6).
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During the course of our inspection, we explored elements of the system in place with regard to medicines management which included direct observation of the administration of prescribed medication. Whilst we found that patients' records generally indicated that their prescribed medication was appropriately administered, we did identify the following areas for improvement:

- A registered nurse applied their signature to a patient's Medication Administration Record (MAR) prior to ensuring that the patient had taken their medication as prescribed. This was brought to the attention of the person concerned who did not deny that this had become common practise. The inspector therefore advised that such practise should cease with immediate effect and the correct procedure adopted in accordance with the Health Board policy and Nursing and Midwifery Council guidelines.
- Two registered nurses administering medication did not ask patients to confirm their name and/or date of birth despite a number of individuals did not have identity bands in place (eight in total), yet

they proceeded to administer prescribed medication regardless of any form of safety check in our presence. This safety matter was brought to the attention of the nurse in charge and the issue was promptly rectified.

- A registered nurse needed to be prompted to review a Medication Administration Record as they placed a tablet in a medicine pot intended for a patient even though the medication concerned had been discontinued the day before. The registered nurse then placed the tablet back into the box (Venlafaxine) instead of discarding the medication as per policy guidance.
- A registered nurse needed to be reminded to change a nebuliser facemask prior to patient use in accordance with agreed guidelines. In addition, the nurse needed to be prompted to re-adjust the facemask when in place to promote maximum benefit from the prescribed medication.

**HIW issued the health board with an immediate assurance letter in the light of improvements needed to the system in place for the management of medicines. This was to ensure that there was a suitable system in place for the identification and safety of all patients across the organisation at all times. HIW has since received a satisfactory response from the health board in terms of their stated monitoring arrangements and action taken following our findings.**

### **Effective care**

Good record keeping is essential to ensure that people receive effective and safe care. Health services must ensure that all records are maintained in accordance with legislation and clinical standards guidance (Standard 3.5).

We thoroughly explored the content of six patient records and focussed specifically on information about continence care and medication management in two additional records. As a result, we were able to confirm the following:

- We found that patient assessment documentation failed to record information about patients' mental health presentation on arrival at the ward, or at any other time during the course of their stay. This included integrated assessment documentation. That meant that staff did not always have access to relevant and current information about each patient to guide them in the course of their work regarding this component of care



- The recording of risk assessments in general was inconsistent. More specifically documentation in support of patient care was very brief and sometimes blank
- Core care plans contained limited and inappropriate information which meant that they did not act as a good guide to the staff team in terms of providing care. Specifically, two care plans relating to female patients had been ‘ticked’ to indicate that they required a daily facial shave, whereas a care plan (relating to falls prevention) contained a staff prompt to ensure that the patient wore appropriate footwear despite the fact that they were receiving care in bed for most of the day and when assisted to use a chair, no footwear was applied (as directly observed). The same set of records failed to mention that safety equipment was being used (an alarm) to alert staff to the possibility that the patient concerned may be attempting to mobilise without assistance
- There was very little evidence of person centred assessment
- The care and risk assessments of longer stay patients were not being updated (within the core patient assessment booklet)

### ***Improvement needed***

***The health board is required to demonstrate the action taken to ensure that best practice is applied in terms of recording, assessing, managing and mitigating risks to patients. In addition, the action taken needs to demonstrate how record keeping has been improved, to support the delivery of services to patients.***

Concerns with documentation were also identified as a particular theme during our programme of Dignity and Essential Care Inspections at Cardiff and Vale University Health Board during 2014/15. In addition to addressing the specific issues found during this inspection, the health board should also consider conducting a wider evaluation of the effectiveness of its patient record keeping arrangements. This will help to address any underlying weaknesses in this respect and reduce the likelihood of similar issues being identified at future inspections.

### **Timely care**

All aspects of care are provided in a timely way ensuring that people are treated and cared for in the right way, at the right time, in the right place and with the right staff (Standard 5.1).

We did not inspect this standard in detail; however, we did identify some concerns regarding delayed staff response times to patient buzzers.

***Improvement needed***

***The health board is required to describe how it will ensure that patients receive a timely response following the use of call bells or verbal requests for assistance.***

We found that there was little evidence of the assessment of patients' level of pain after prescribed medication had been administered. We were therefore unable to find any written evidence to confirm that pain relief medication had been effective, or that it remained necessary.

***Improvement needed***

***The health board is advised of the need to describe how it will ensure that patients' level of discomfort, pain or distress is regularly assessed and recorded. This is in order to provide effective and appropriate treatment/medication.***

We found that some staff were not clear as to how they should communicate with senior medical staff on the adjacent site at the University Hospital of Wales during the hours when the resident Doctor (on Elizabeth Ward) was off duty. Although the senior managers of the Health Board clearly described that there was a formal arrangement by which staff could access advice from the medical team at the adjacent hospital, this was not clearly understood by all ward staff.

***Improvement needed***

***The health board is required to describe the action taken to ensure that all staff are aware of the out of hours medical staff cover associated with Elizabeth Ward.***

## **Quality of Management and Leadership**

**We found that the staff team was well organised within the ward except for some key points during the day. Specifically, it was evident that there were delays in the ability of the staff team to meet the needs of patients between 8am and 10am and during the lunchtime period. The organisation of care was based around some structured routines and focused on providing all patients with assistance where required and supporting their rehabilitation as their health and well being allowed.**

**Discussions with staff (medical, nursing, physiotherapy and occupational therapy) were clear and knowledgeable about their particular roles and responsibilities and enjoyed working as part of a well established team.**

### **Staff and resources**

Health services should ensure there are enough staff with the right knowledge and skills available at the right time to meet need (Standard 7.1)
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We observed what seemed to be a well established daily approach to the provision of care and support to patients. For example we saw that each of the three registered nurses were allocated patients in separate areas of the ward. They were each accompanied by a Health Care Support Worker (HCSW) and so worked in partnership except at times such as medication administration.

Conversations with staff who were working on the ward during the inspection though, revealed that they often felt rushed in their attempts to fully meet the changing/complex needs of patients. Specifically, they described the difficulties they sometimes faced when supporting people with their personal hygiene, during mealtimes and responding to patients' requests to use the toilet facilities within the limited time available to them.

### ***Improvement needed***

***The health board is advised of the need to demonstrate how it will ensure that future staffing levels within the ward are sufficient to meet the needs of patients.***

We found that there were protected mealtime<sup>1</sup> arrangements in place within the ward to minimise disruption to patients when they were eating their meals.

We saw that patients had been assessed by the ward team to identify those who may be at risk of becoming malnourished. Individuals who were considered to be at risk were identified within the ward through the use of symbols which were placed on a white board for all staff to see.

We observed the lunchtime meal being served on the day of our inspection and it was evident that there were insufficient numbers of staff available to assist people with eating and drinking in accordance with their presenting needs. Staff were seen helping one patient at a time in a non-hurried way, ensuring that they had something to drink during and after their meal. They also ensured that patients were comfortable before leaving them to assist someone else.

However, despite the efforts of the staff to assist all patients who were unable to eat independently, some individuals had no alternative other than to wait until a member of staff was available. One of the inspectors assisted two individuals to eat their meals until such time that a member of staff became available. The temperature of the food served was also affected by the above situation.

We found that there were no family members present to assist patients and conversations with staff revealed that limited opportunities had been offered to families to visit during mealtimes (which may prove to be a welcome event for elderly frail people). Conversation with staff and two senior nurse managers demonstrated that the ward did not have access to volunteers or additional staff during mealtimes. This may mean that some patients' needs are not being met.

In addition, the lunchtime meal served by housekeeping staff was distributed to patients by the HCSWs as they were not permitted to leave the ward kitchen area. This added to the delay in serving food to patients and limited the ability of staff to help patients in a prompt manner.

We saw that some patients eating in their bed did not appear to have been positioned as upright as they could have been, to (comfortably and safely) eat

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<sup>1</sup> Protected mealtimes. This is a period of time over lunch and evening meals, when all activities on a hospital ward are meant to stop. This arrangement is put in place so that nurses and housekeepers are available to help serve the food and give assistance to patients who need help.

their meal. We also found that patients' bedside tables were not cleared and cleaned prior to meals being served.

### ***Improvement needed***

***The health board is required to demonstrate how it will ensure that patients are able to obtain timely and appropriate support at mealtimes in accordance with their identified needs.***

We found that the ward was regularly required to provide staff support to other wards (from among their established team members-registered nurses and HCA's). Conversation with a senior manager resulted in a description of how the hospital has benefitted overall from rotating staff across all wards. Specifically, we were told that the arrangement had helped to increase staff skills across the hospital workforce thereby creating more flexibility in providing care and services to patients.

We were provided with information which confirmed that staff had completed training on mandatory topics such as: fire safety awareness, health and safety and infection control.

### **Governance, leadership and accountability**

Effective governance, leadership and accountability in keeping with the size and complexity of the health service are essential for the sustainable delivery of safe, effective person-centred care.
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We found a positive ethos and a multi professional approach to teamwork within Elizabeth Ward.

We also found the ward had appropriate systems to record and review clinical incidents, with supportive input from a range of professionals. This meant there were mechanisms in place to learn from incidents and to reduce the risk of incidents recurring. We were also informed that there had been no formal or verbal complaints brought to the attention of the ward team since the service had transferred from Cardiff Royal Infirmary more than twelve months ago.

Discussion with the ward team and visiting professionals revealed the emphasis placed on a collaborative approach to effective discharge planning. For example, we found that the hospital staff had created good links with community based health and social care professionals in order that patients and their families could be supported following discharge (for example GPs, district nurses and the community resource team).

## **Next Steps**

The health board is required to complete an improvement plan (Appendix A) to address the key findings from the inspection and submit this to HIW within two weeks of the publication of this report.

The health board improvement plan should clearly state when and how the findings identified will be addressed, including timescales. The health board should ensure that the findings from this inspection are not systemic across other departments/units of the health board.

The actions taken by the health board in response to the issues identified within the improvement plan need to be specific, measureable, achievable, realistic and timed. Overall, the plan should be detailed enough to provide HIW with sufficient assurance concerning the matters therein.

Where actions within the health board improvement plan remain outstanding and/or in progress, the health board should provide HIW with updates, to confirm when these have been addressed.

The health board's improvement plan, once agreed, will be published on HIW's website.

**Appendix A**

**Health and Care Standards: Improvement Plan**

**Hospital:** St David's Hospital

**Ward/ Department:** Elizabeth Ward

**Date of inspection:** 26 August 2015

<b>Page Number</b>	<b>Improvement Needed</b>	<b>Health Board Action</b>	<b>Responsible Officer</b>	<b>Timescale</b>
	<b>Quality of the Patient Experience</b>			
Page 10	The health board is required to demonstrate how improvements are to be made in respect of the assessment and management of patients' continence. (Standard 4.1)			
Page 10	The health board is required to describe the action taken to ensure that people are supported to maintain their personal hygiene in accordance with their identified needs, wishes and preferences. (Standard 4.1)			

Page Number	Improvement Needed	Health Board Action	Responsible Officer	Timescale
Page 11	<p>The health board is required to demonstrate the action to be taken to ensure that patients and their families are empowered to describe their experiences with a view to making improvements to the service provided. (Standard 6.3)</p>			
<b>Delivery of Safe and Effective Care</b>				
Page 12	<p><b><u>The health board is required to describe the action taken to ensure that staff have access to up to date and relevant information to identify, manage and mitigate risks to patients. (Standard 2.1)</u></b></p> <p><i>(Having examined a number of patients' records, we found that the (safety cross) falls information was inaccurate as it did not highlight a fall which had been sustained by a patient in receipt of care.)</i></p>			
Page 13	<p>The health board is required to describe the action to be taken to address the infection, prevention and control findings identified</p>			



Page Number	Improvement Needed	Health Board Action	Responsible Officer	Timescale
	during this inspection. (Standard 2.4)			
Page 15	The health board is required to demonstrate the action taken to ensure that best practice is applied in terms of recording, assessing, managing and mitigating risks to patients. In addition, the action taken needs to demonstrate how record keeping has been improved, to support the delivery of services to patients. (Standard 3.5)			
Page 16	The health board is required to describe how it will ensure that patients receive a timely response following the use of call bells or verbal requests for assistance. (Standard 5.1)			
Page 16	The health board is advised of the need to describe how it will ensure that patients' level of discomfort, pain or distress is regularly assessed and recorded. This is in order to provide effective and appropriate treatment/medication. (Standard 5.1)			
Page 16	The health board is required to describe the action taken to ensure that all staff are aware			

Page Number	Improvement Needed	Health Board Action	Responsible Officer	Timescale
	of the out of hours medical staff cover for Elizabeth Ward. (Standard 5.1)			
	<b>Quality of Management and Leadership</b>			
Page 17	The health board is advised of the need to demonstrate how it will ensure that future staffing levels within the ward are sufficient to meet the needs of patients. (Standard 7.1)			
Page 19	The health board is required to demonstrate how it will ensure that patients are able to obtain timely and appropriate support at mealtimes in accordance with their identified needs. (Standard 7.1)			

**Health Board Representative:**

**Name (print):** .....

**Title:** .....

**Date:** .....